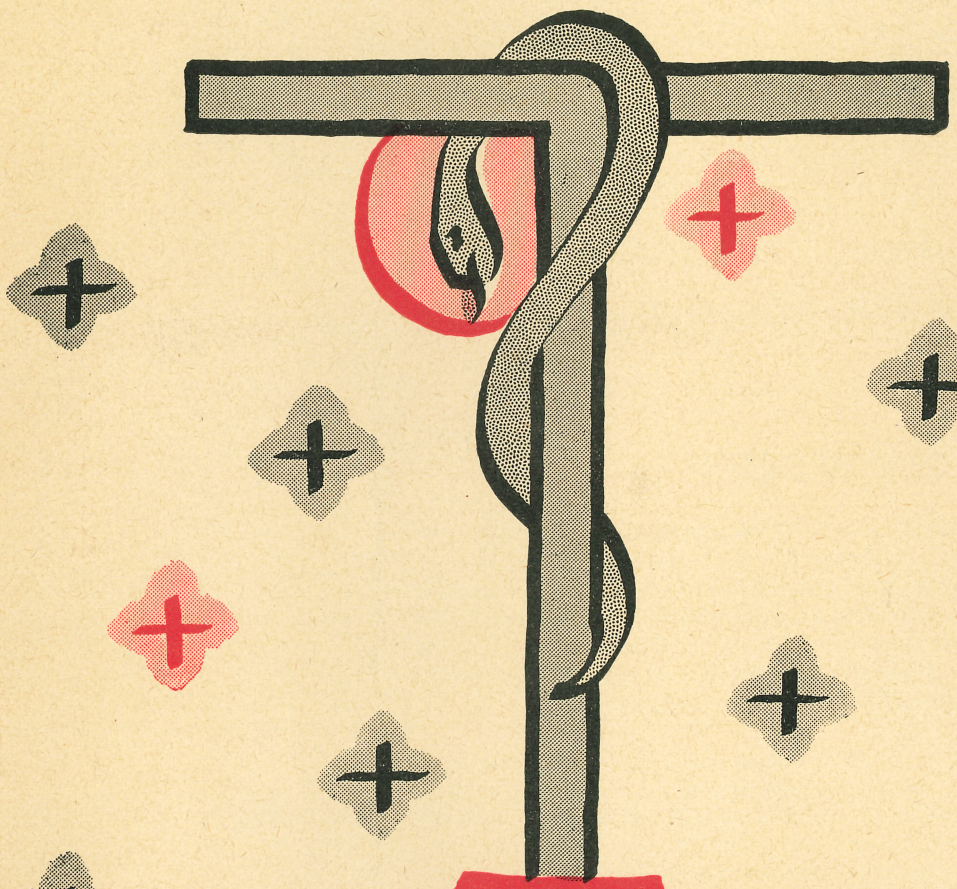
The MEDICAL MISSIONARY



Vol. XVIII JANUARY, 1944 No. 1

IN THIS ISSUE:

Page

THE GLORY OF CATHOLICISM—EXPERIENCED
By The Rev. Edward L. Murphy, S.J.... 3

WHERE PURDAH BARS THE WAY
By Sister M. Elise Wijnen, S.C.M.M., M.D.....5

SISTERS AND MEDICINE FOR UMBUGWE
By The Rev. J. P. Lucey, C.S.Sp.....7

ASK ME ANOTHER.....10

DIVERSIONS IN PHARMACY CLASS
By Sister M. Alma Julia, S.C.M.M., M.T., Ph.G.....12

IN OUR LIBRARY.....13

NEWS FROM HOME AND ABROAD.....14

ACROSS THE PAGES . . .

FATHER EDWARD L. MURPHY, S.J., is well-versed in mission matters. Not only has he received his Doctorate in Missiology from the Gregorian University in Rome; he has also been on the mission field as a member of the faculty of the Ateneo de Manila, Philippine Islands. Father Murphy is now at Weston College, Weston, Massachusetts, where he is Professor of Ascetical Theology and Sacred Eloquence.

FATHER J. P. LUCEY, C.S.Sp., has seen four years of missionary work in British East Africa where he served as professor of the Teachers' Training School, Moshi, and was administrator of the Mbugwe Mission. He was also secretary to the Apostolic Delegation to Africa. At present Father Lucey is stationed in Pittsburgh, Pa., where he is assistant to the president of Duquesne University.

SISTER M. ELISE WIJNEN, M.D., who is the Medical Officer in Charge of Holy Family Hospital in Patna, India, writes this month of an experience where medical technique finds itself facing a stone wall. You will gain an inkling of the obstacles to health improvement among the Mohammedan women of India from her article—"Where Purdah Bars the Way."

SISTER M. ALMA JULIA'S many duties are pharmacist and medical technician at Holy Family Hospital in Rawalpindi include teaching pharmacy as well. Not all her lessons have to do with drugs and solutions, as you will learn from "Diversions in Pharmacy Class."

THE MEDICAL MISSIONARY

8400 Pine Road
PHILADELPHIA, PA.

Member of the Catholic Press Association

SISTER M. LOYOLA, S.C.M.M.
Editor

Published monthly except July and August by The Society of Catholic Medical Missionaries, Inc., 8400 Pine Road, Philadelphia, Pa., in the interest of Medical Missions and Women of the Orient.

United States: Medical Mission House
8400 Pine Road
Fox Chase, Phila, Pa.
England: Medical Mission House
98 Thornbury Road
Osterley, Middlesex
Holland: Medical Mission Sisters
Imstenraede
Heerlen, Holland

SUBSCRIPTION
$1 per year; $5 for 6 years

Entered as second class matter, September 11, 1928, at the Post Office of Philadelphia, Pa., under the Act of March 3, 1879.

CONCERNING EXPIRATIONS

The figures appearing on the address label of your magazine indicate the date of expiration. For example: 1-44 means that the subscription is paid to January, 1944. The first figure (1) indicates the month; the second (44), the year.

The Society of Catholic Medical Missionaries is a religious community of women founded in 1925 for the purpose of providing medical care to the sick in the foreign missions.

The Motherhouse and Novitiate are located in Fox Chase, Philadelphia, Pa. There is also a House of D. C., and Houses of Postulate in studies in Brookland, Washington, England and Holland.

At present the Society labors in India, where the Sisters conduct Hospitals, dispensaries, maternity, and child welfare centers, training schools for native nurses and midwives, and similar health activities. It is the purpose of the Society to send Medical Missionaries to any mission field of the world. The Society has many requests; it needs many vocations.

For further information apply to:

Sister Superior
MEDICAL MISSION HOUSE
8400 Pine Road, Fox Chase
Philadelphia, Pa.

The Glory of Catholicism - Experienced

by

The Rev. Edward L. Murphy, S.J.

". . . So many thousands of Catholic American fighting men have come to know for the first time in their lives what the word Catholic really means—the same faith, the same sacraments, the same priesthood, the same children of God and of the Church, the one great family of God of which the distant millions of other languages and colors are members just as themselves."

Many of us speak about the Catholic Church. But not all of us have direct experience in space with the marvellous Catholicity of the Church; that is, we have never seen this Catholic Church active in the uttermost parts of the earth. We have listened to missionaries from China, India, Africa, describing their work, their difficulties and hardships, their aims and hopes. We have been stirred in a moment of sympathy to give help to the missionary in his task. But the work is so far away, among such strange people that we have never felt it to be really a part of ourselves nor ourselves part of it. We have been inclined to look upon missionaries as beggars for Christ's work when in all truth we ought to look upon them as our own representatives in distant fields, giving to us the opportunity to express what is our very life—our Catholicism—our world-mindedness.

One of the effects of this sad war will be undoubtedly to impress the Catholics of America with the real glory of Catholicism. Catholic members of the armed forces will one day return from Africa, Alaska, India, China and the Pacific Islands. They will be the experienced Catholics among us because they have seen their own Church at work in far away places. They have seen the Catholic priest, white, black and brown, administering the same sacraments they knew here at home to white, black and brown children of God, preaching in many strange tongues the same doctrine they have heard in their Churches in America. They have seen Catholic sisters, white, black and brown, doing the same Christ-like things in far away lands which they have always done in the schools, hospitals and convents of America. They have knelt with white, black and brown peoples who assisted at the same Mass with the same deep faith and devotion they have seen here at home. They have heard our Catholic prayers said in strange languages, the prayers always dear to the Catholic heart, the Our Father, the Hail Mary. So many thousands of these Catholic American fighting men have come to know for the first time in their lives what the word Catholic really means—the same faith, the same sacraments, the same priesthood, the same children of God and of the Church, the one great family of God of which these distant millions of other languages and colors are members just as themselves. These men know that they belong to these people because many touching stories have revealed the love and care of these people for their Catholic brothers. They have learned that these people belong to them and have a right to Americans' care and love as members of the household of God and the Body of Christ.

Countless incidents are accumulating of search parties of American Marines carrying missionaries out of danger in occupied islands; of Catholic sisters travelling to safety in submarines; of priests and sisters ministering to our Catholic soldiers; of natives hiding their Catholic brothers from America, caring for them when injured and helping them to rejoin their units by unknown mountain trails. We know that Catholic soldiers and sailors have frequently contributed large amounts from their meager salaries for the rebuilding of destroyed missions. Soldiers and sailors have written back to America asking information about missionary congregations so that after the war they may become missionaries to the places and peoples they have begun to know.

Our greatest propagandists for Catholic missions after the war will be our Catholic fighting men, for they will have learned by actual experience and contact with the Church in distant places what it really means to be a member of the Catholic Church, the Church which even now is triumphing over the world, the flesh and the devil in the far corners of the globe. They will know by experience that the Church has been global in her outlook for centuries; that global warfare is nothing new to her —she has been at it from the beginning. But they will also know what remains to be done to build up a strong Church in those places. They will not have to be told of the hardships of missionaries; they will have gone through those hardships themselves. They will not have to be reminded of the needs of the Church in the Solomons, New Guinea,

Africa, China, India, Alaska. They will tell us at home all about it. They will tell us that this is our Holy Mother, the Church, who is laboring in those places to do for those people what she has done and is doing for us. They will tell us of the gains of the Church everywhere, of the Hope of the Church and how necessary it is that we cooperate in this glorious task of making the world Catholic. They will lift our eyes above our own little parishes and towns and nation to view the wide world where our Holy Mother is toiling for all men. They will bring those distant shores close to us in the nearness of the same faith and love of Our Lord. They will tell us that everywhere they went they found the Church ahead of them, in some places ahead of them by centuries. They will tell us how much these people need the Church, how we must help them in the family of the faith to become a strong Church so that they in turn may become missionaries to their own races. They will tell us of the real international order that exists through the Church when they have met the sympathy and understanding and love of the Catholic faith in so many places they scarcely knew about. They will be filled with pride and enthusiasm for what the Church has done and is doing. They will want to do their part, to share in this great glory of Catholicism, as members of the same Church, as children of this same Holy Mother, to assist her in her world-wide mission.

But what the Catholics in the armed forces have learned by experience—the Catholicity, the universality of the Church—we should learn too. We have been receiving an education in geography as a result of this war; but for us it can and should be an education in Catholic geography. We have come to know about millions of people of whom we hardly thought before. While it is a great thing to be fighting for the political freedom of those peoples, it is a much greater thing to be fighting for their spiritual freedom from error and ignorance and the power of the devil, as the Church has been fighting for years. The cause of the one Catholic Church of Jesus Christ, Our Lord is unspeakably more important for the world than the cause of political freedom. While it is much to work for the freedom of mankind and to cooperate as generously as we do here in America, it is much more glorious to be working for and contributing to the establishment and triumph of the Church all over the world. It is our Holy Mother, our Church, our Christ, doing all these grand things and all of us should be a part of it. It should fill us with pride to know that the Church has been there before the armies of the United Nations and will be there after they leave. The missionary is doing what the armies of these nations never could do; he is bringing the love and life of Christ to these people through the Church and bringing these people into the security and hope of Our Lord in the Church. It should fill us with enthusiasm for the wonderful effort of the Church through her missionaries. It should make us genuinely Catholic-minded and therefore mission-minded, because mission-mindedness is world-mindedness and world-mindedness is Catholic-mindedness.

"Guests are still lacking, O Lord, at the Heavenly table, at which, in the twilight of the Upper Room, thou didst invite us all to take our place. Is it impossible to love these brothers whom we have never seen but whose voices are known to us? The day when the Chinese join us in the grand 'sursum corda'; the day when the whole of India shall sing our 'Preface'; the day when Africa will hold aloft the white Host in its black hands; the day when all Thy people will present in one immense offering the souls of all Thy creatures; on that day will Thy redemption of the world be whole and complete in the sight of all men.

O Lord, we are still so far from Thee! Thine entire Catholic Church is not even equal in numbers to the population of Hindustan, and our cowardice, our ignorant satisfaction with ourselves and our selfish weakness leave in the dust the foundations of Thy future temple. But Thou canst awaken the multitude. Thou hast commanded us to love our neighbor; today Thou hast made all humanity truly our neighbor. We know well what progress means; that it brings us many new duties. Give unto us the grace to love unstintingly and without reserve, all mankind, our brothers."—Father Pierre Charles, S.J.

Where Purdah Bars the Way

by

SISTER M. ELISE WIJNEN, S.C.M.M., M.D.

"Doctor, there's a man here who wants you to come and see his wife. He has a **gari** (carriage) with him. Can you go out now?"

"Yes, indeed, Sister. I'll be over in a minute. What is the matter with the patient?"

"He didn't say, but she has been ill for a long time, not seriously though. She cannot come to the dispensary because of purdah."

"All right. Just get out the usual things then for a complete examination. I'd like to take a nurse. Can you spare Josephine?"

"Surely, I'll tell her right away."

In a few minutes all is ready. The man, a tall, well-dressed, polite Mohammedan, ushers the two of us into a small narrow carriage, puts in our bags and gives an order to the coachman. With a jingle of harness the horses start out, through the hospital gates into the crowded Patna bazaar streets to our unknown destination. No use asking too many questions. The husband wouldn't like to discuss his wife's troubles in public and names and addresses wouldn't mean a thing to us.

It is early afternoon and the bazaar is at its busiest. In the shallow open shops the proprietors and customers face each other, comfortably squatting on a mat on the floor, haggling and altercating amiably. Next door a **dursi** (tailor) sits crosslegged at his hand-sewing machine, stitching away at a man's long-tailed shirt. A steady stream of buyers, loafers and travellers passes our carriage on both sides, fat and wealthy Hindus rubbing shoulders with naked beggars and filthy coolies. Our coachman keeps up a constant shout of **"He bhail!"** (Look out, mister.) and **"Bacho!"** (Get out of the way.), interspersed with tongue-clacking and whip-cracking, none of which makes any impression on anyone, least of all on the jog-trotting horses!

At last we turn into a narrow side lane and shortly afterwards we stop in front of a blank wall. The husband rides up on his bicycle and motions us to a tiny doorway at the far end of the wall. We pass into pitchdark alleys and stumble over the uneven mud floor, until finally the man lifts up a piece of sacking at the end of the corridor, letting in the light from the central patio. From then on we pass through the verandah, around the corner, into the women's quarters. Here the man halts and gives a shout. Several older women and half a dozen children come tumbling out to stare at the strangers. The man brushes them aside, hands the bag to one of the women and instructs her to conduct us to the patient.

We pass through several rooms, littered with charpoys, clothes and broken toys and come at last to a dark narrow alcove, almost completely filled with two **charpoys.** The one in the corner bears the patient, stretched out on **derries** (mats) and pillows, while the near **charpoy** is the squatting place of a couple of relatives and visitors, all engaged in the traditional Indian art of "holding hands" with the patient! No sickroom is complete without this group of commiserators and professional crepe-hangers! It takes a little time and persuasion, but between us Josephine and I manage to clear the decks for action. The women do not like it; there are no secrets in an Indian zenana, and they want to witness the strange doctor's examination in every detail. Privacy is an unknown luxury in India. With a sigh and a scowl they finally give in to the memsahib's queer ideas, and the curtain closes behind them, with the exception of the mother-in-law who is permitted to stay to see that justice is done.

Josephine pulls the near **charpoy** flat against the wall and I wiggle in between the two beds and sit down at the edge of one of them. Ten minutes of patient spade work follow. At the end the diagnosis is obvious even without laying a finger on the patient's pulse: married for twelve years, no children, chronic ill health, headache, backache, insomnia, no appetite, tingling of hands and feet, always tired and depressed, and a dozen more trifling complaints. None of them point to a textbook illness, but all of them together are quite enough to take all the joy out of life. It would never do to explain the situation at once, so with a serious face I go through all the motions of a physical examination, the patient and relative watching every movement with avid interest. Just as I thought, not a thing wrong but slight anemia and flabby muscles.

While Josephine brings a **lota** (brass vessel) with water for my hands and re-packs the instrument bag, I meditate on how best to explain to the patient the root of her troubles. The difficulty lies in the fact that this woman is the victim of circumstances. She is a Mohammedan, and thus shut up inside four rooms and a courtyard from one end of the year to the other, the outside world a sealed book . . . or rather, any kind of a book, for she cannot read! She is well-to-do, and so cut off from physical labor of any kind apart from dressing up . . . with no place to go! Worst of all she has no children and is thus the butt of criticism or pity

among the women-folk — several sisters-in-law with three or four babies apiece, perhaps a second wife or the threat of one.

Naturally and almost inevitably, she has found a way out of her dilemma: ill health. Thus she is provided with an inexhaustible source of interesting small talk; she secures the sympathy of her husband and a respite from her mother-in-law's highly vocalized displeasure and manages to steal the scene from her more privileged companions, basking in the limelight for as long as it pleases her to recline on a charpoy and moan! All this is very far from saying that she is deliberately shamming an illness. She is merely making the most of her minor complaints, brought on by her lack of exercise, heavy indigestible food devoid of vitamins, lack of fresh air and above all lack of an interest in life, with its inevitable aftermath of boredom and brooding.

But where to find the words to put all these observations into language intelligible to such a patient? The task is formidable, not to say futile. Even if she could be made to understand the need of exercise and fresh air, of taking an interest in things outside her own narrow self, in those more miserable and helpless than she, how could one lone Mohammedan purdah woman go against traditions, surroundings and mother-in-law and radically change her outlook on life as well as her habits of living? It cannot be done, that's all. Her own inertia and mental dullness, the products of her upbringing, are against her, apart from all other obstacles.

With a sigh I decide to be practical and submit to the inevitable. I reassure her in detail about the result of the examination, discussing heart, lungs, and other organs

The picture at the top shows two Mohammedan women wearing burkas of different styles. In the lower picture the burkas are folded back, showing the wide, baggy trousers and the knee length blouse worn underneath.

as if I really believed she understood me. It's the only way to convince these women about the doctor's competence and interest. I then describe the advantages of fresh air, such as can be obtained in a dusty city by opening the windows, sitting in the patio and sleeping on the roof. I prescribe a diet down to its minutest components, insisting on fresh fruits, whole wheat **chapatties** and dairy products, cutting out heavy sweets and spiced meats swimming in oil. I promise to send an American tonic, full of blood-building minerals and appetite-stimulating vitamins.

Then I make the first move to go, only to be overwhelmed, as expected, by a fresh avalanche of questions, objections and remonstrances, both from the patient and her relative. Resignedly I sit down again to discuss the advisability of an operation and a stay in the hospital to receive a course of injections. The hospital trip is promptly vetoed by the mother-in-law (I knew it!), but the injections are more attractive and will help to impress the household. By writing a prescription for the ampules and promising to send a nurse every other day to give the injections, we finally manage to escape.

The husband is waiting outside, and again I debate the possibility of explaining the true state of affairs. At last I decide against it. It would be rank cruelty to a person who cannot change the unchangeable singlehanded, much as he might want to do so. I drop a few hints, however, particularly about the advisability of adopting a child. I would not dare raise such a suggestion to the womenfolk, for then it would be going against the will of Allah, but this man is more educated and able to understand. He promises to think it over and ask the permission of his father and elder brothers. It might work, if the wife is amenable.

This is not a matter of bodily illness and medical skill. Only a radical change in Indian mentality, in habits and beliefs, would cure and prevent this kind of case. There are signs and indications that such a change has started, but they are still on the surface and extremely limited. Girls' education, better medical care, mitigation of purdah, all are yet in their infancy and slow of growth to boot. Moreover, Western civilization without Christianity is a menace rather than a blessing. That would bring with it irreligion, divorce and birth control, alcoholism and insanity, and the last would be worse than the first.

With a Christian education, however, with Christian morals and beliefs, the face of India could be changed without destroying its age-old charm of modesty and patience. Naturally speaking, this is a chimera, a castle-in-Spain, but with God nothing is impossible.

Sisters and Medicine for Umbugwe*

by

The Rev. J. P. Lucey, C.S.Sp.

"The Vicariate Council has decided to reopen Umbugwe Mission . . . with two Fathers and three native sisters . . . We choose you to go with Father Lavery . . . Take your time . . ." I was really doubtful when the message came, July 6, 1939, commissioning Father Eugene Lavery and myself to take up permanent residence at our mission in Umbugwe Flats, Tanganyika Territory, British East Africa. Every line of the two-page letter was like a bugle blowing to anyone who knows the history of Umbugwe: Opened—closed; opened—closed; opened—changed to an out-station. No one had a really pleasant word to say for the place. Yet the prospects were once so good that seven buildings (prosperous days in Europe) were built. One of them, the Fathers' house, had been earth-quake proof (there are daily tremors in Umbugwe). This meant no small expense, because Umbugwe Mission is 88 miles from the nearest town, Arusha, and the cost of transporting cement and steel girders was exorbitant.

All of us young missionaries had heard the same things about Umbugwe—it is even hotter than Tanga . . . It is the only mission we have right down on the **proi** or flat country where there are no trees and very little water . . . What water there is is bad—**bilharzia** . . . During the three months rainy season our whole country, the Umbugwe Flats, becomes a checkerboard of shallow lakes, a happy hunting-ground for malarial mosquitoes . . . The roads just disappear as the super-fine lava dust changes into dirty soup . . . Tsetse flies have driven the people away from the mission so that now, to reach the people, Umbugwe Mission has the longest week-end **safaris** . . . Umbugwe's morals are the torrid limit . . . The Christians are the only ones with children . . . It is good game country. The Umbugwe Flats have every wild animal you will find in Bar-

---

* *Also spelled "Mbugwe." Pronounced "mboog-way."*

num and Bailey's except the polar bear and the seal . . . And, for my special peace of mind, one Father, who knew I had the world's worst stomach, told me that no vegetables could be had in Umbugwe.

You can bet that Umbugwe looked like not only the mission across the river but also like the mission across the railroad tracks and down under the viaduct. But we intended to make a change in its sad history aided by Kilimanjaro's first on-their-own convent of three native sisters, consisting of superior, dispensary sister, and quasi-cook.

From July 7th to August 10th every possible preparation was made. Questions were asked, shopping was done as cheaply as possible, often second-hand; and rival owners of trucks were maneuvered into a final price of $22.50 for the all-day use of a three-ton truck. Packing the truck was a tough job. There had to be room for the driver, the sisters and myself in addition to our furniture and food. And, as prices get higher the farther one goes from the coast, we were taking along everything we could.

At noon we left Moshi. At four p.m. we passed through Arusha and took our last look at a house until we pulled into the mission at Umbugwe at ten p.m. Moshi to Arusha was 50 miles, and Arusha to Umbugwe was 88. Enroute we had a trip to the zoo, or rather the zoo kept us company along the road. In a passenger car the trip might not have been bad. In that truck it was a nostril-clogging, bone-crushing foretaste of Purgatory.

When we reached the Umbugwe Flats the road just faded out. The shifting lava dust wiped out the mission road. We cruised along until the headlights picked out an Umbugwe hut. They are three feet high, flat on top and covered with earth. Why live in a house where one cannot stand up? First of all, there is less chance of injury during earthquake, and secondly, marauding enemies cannot see an Mbugwe house more than two miles distant. Outside the hut we yelled and honked but nothing happened. Just as we were debating what to do two very large spears appeared beside two very ugly heads, and a very polite voice asked what the **bwana** wanted. Then they spotted the sisters and they beamed all over—"Tum sifu Yesu Kristu, Sista! . . . Jambo, padre!" (i.e. "Praised be Jesus Christ, Sister! Hello, padre!") And in no time at all they were running in front of the headlights to guide us. After a few miles the scene changed. In place of the lava dust, burnt grass and scrubby thorn bushes, we saw a house so fine that my heart took a pleasant hop. At the same moment the headilghts picked out another and grander house which seemed to have two floors! No one had mentioned this. It meant that no matter how hot it was, the house would be quite livable.

"What was the other house?" I asked one of the runners.

"The school . . . and that," he went on, proudly pointing to another dim outline, "is the house for the sisters."

Father Lucey and the three native sisters who brought medicine to the Wambugwe

Undoubtedly, any of the three buildings was quite superior to the house I had been living in quite contentedly since reaching Africa. So this was Umbugwe, the stepchild, the foundling!

By morning light the inside of the house was rather depressing. Everything was grimy with lava dust. What once had been a mosquito-proof, dust-proof house had gone to seed. The walls were of lava rock and about two feet thick, built by the ablest Brother-builder we have; but earthquakes had left large holes all around the rooms, especially where the cement floor met mud plastered walls. Doors were sagging. Bed mats and bed clothes were sadly off color. Dust storms had done a thorough job, and there had been no cupboards in which to lock things safe and clean. However Father Lavery is quite a clever man with tools and the work of repair was going ahead.

All too soon the first week passed, with the sisters happy as

St. Theresa's band in some of the run-down shacks that the Spaniards often palmed off on that always thankful saint-builder. Our sisters were getting great fun out of the fact that their seventy-five cent beds had not yet arrived. With buckets and sacks they started scrubbing at once, and their Big Boss from Kilema, Sister 'Balda, who had arrived to give the mission a good send-off, worked as hard as any of the youngsters. She was everywhere with a tape measure, and in no time at all the cheap cloth we had bought began to reappear as bed sheets, clothes covers, "nightgowns" for the house-boy whom she gave an intensive course in room-cleaning and table-serving. Then it was time for Sister 'Balda to return to Kilema. The mail-truck was flagged on its weekly trip and off she went. Behind she left a schedule for the three remaining sisters.

It certainly was tempting Providence to accept the Umbugwe appointment without telling Father Tessier what the Good Book and the doctors say about feeding well-behaved ulcers. However, the temptation to be part of such a gallant undertaking was too much for me, and I kept quiet. Armed with a second-hand kerosene ice box, donated by my sister, Katherine, Father Lavery and I had a circus. We were able to get six bottles of milk daily, a decent supply of green vegetables, delicious fruit and choice cuts of meat. A week's supply consisted of tongue, liver, kidneys, brain and soup bones. (Other cuts were good only for jaw exercise, so we ordered a meat grinder.) Although Father Griffin, our predecessor, had warned me to take along a good supply of canned goods, we had little need of using that reserve since a quarter's worth of kerosene kept vegetables, fruit and meat in such a way that it was necessary to buy only once a week: fifty cents worth of vegetables, fifty cents worth of meat, and twenty-five cents worth of fruit. The six bottles of milk, delicious milk, from buffalo-like cows that have to walk miles for a gulp of water, cost thirty cents daily—more than a gallon of grade A milk for thirty cents.

However, the saints tells us to beware of the foundation that is started without the sign of the cross, i.e., headaches, and we had ours. Within twenty days after our arrival, war started in Europe. Its effects on the missions were immediate and far reaching. To mention a few: Air mail was stopped. Instead of an answer within a month from the U.S.A., we now waited six months. Local transportation became even worse than usual. Only one truck each week, the mail lorry, was allowed gasoline for the trip from Arusha to Mbugwe and return. That left us at the mercy of Shermohamed and Hasan Ali, the two Indians with the Government mail charter. Almost immediately they started pressure to stop our purchase of fresh vegetables. Although we paid regular parcel post prices, they found many reasons to prevent us from getting the vegetables. They wanted us to buy their canned goods at 75 American cents for a fifteen ounce can, which we couldn't afford . . . Then there were revolutionary changes in mission management in order to oblige the Government by placing American Fathers in charge of German missions several hundred miles to the south. Father Lavery was taken away, and I was left in charge. We had been together for only one month.

It was Father Lavery who discovered that milk from Mbugwe cows, unlike any other that we had known, is tasty to drink. Ordinarily the milk was used only for cooking. He came back from a 35-mile foot safari, having gone all day without food, found no filtered water available, and sipped the milk as a last resource. At least it had been boiled and was cool. He found it quite pleasant, as I did in my turn. That made it possible to carry on in spite of the vegetable embargo.

On the side of ordinary living conditions, notice this: We had absolutely no funza or jiggers here, no bedbugs, and because of the excellent screening, I had fewer mosquito bites here than at my previous station. It was a sweet relief not to have flies all over everything during meals. Ants we had in abundance, but they were not hard to control. Scorpions and tarantulas were as listless as the natives, giving no trouble. Bats, by the hundred, lived in our "dari" or air space between rooms and roof, which gave the house the appearance of being two-story. But they didn't bother us because there was a good ceiling between, moreover, the bats ate the mosquitoes. Their odor, of course, was delightful.

As for different kinds of heat, it seems to me that heat should be more bearable where there is so little water. No doubt our water boy would have disagreed. He would have stood a little more humidity if he didn't have to walk so far for water.

After six months, I was in love with Umbugwe. Once the house had been cleaned, it was very pleasant. In the hottest part of the day there was always one side or corner that was cool. It was hard to imagine how the place could ever have been abandoned, but a few hours reading the mission Journal answered my questions and gave me a wonderful comparison between Umbugwe, with nuns and without. Before our arrival, iodine, salts and quinine were the most that could be offered in the way of medical attention to the Wambugwe, and there was not even an experienced nurse to dispense them. Now we could treat leprosy, bilharzia, spinal meningitis, pneumonia, tuberculosis, worms, tetanus, venereal disease, wounds and surface ulcers (many large enough to admit an adult's fist). These were common ailments among Wambugwe. Patients came from fifty miles away. For me, the work was much easier because of the fact that the native sister-nurse who worked with me was among relatives of her own people, and a splendid example of Christianity for them. This was only one of the blessings her presence afforded. Persuaded by the

opportunity for expert medical attention, many of the people from the out-stations made the long journey to the mission, where I endeavored to take care of their spiritual needs. This cut down the necessity for my trips to the out-stations to once a month, when I made the long trip by motor-bike. The men who worked the Ufiomi-Umbugwe-Dareda's circuit before me, not possessing this medical enticement, made the long trips on foot, dividing their time among the out-stations. In another way, my dispensary sister, Sister Monica, was invaluable. I gave her a list of the fallen away Christians, poor fellows who had not been able to get to the Sacraments during the years when there was no resident Father at the mission, and who had fallen back into pagan ways. Sister would take the name of each patient who came to her—an average of fifty a day—and when one of the black sheep turned up she would talk to him like a Dutch Uncle and send him to me. When I got him the hardest part of my work would be done. He was ready to make his peace with God and try again.

It was happy work. Lonesome? I have been more lonesome in Pittsburgh. And I was healthy although the bishop seemed upset when he came back from America and found me eighty-eight miles from the nearest doctor. Probably for the last time in my life, I had been the only priest and the only white man in a mission as extensive as Eastern dioceses in America. No one could live like that without getting a lot out of it. It was an experience for which to thank God.

Ask Me Another . . .

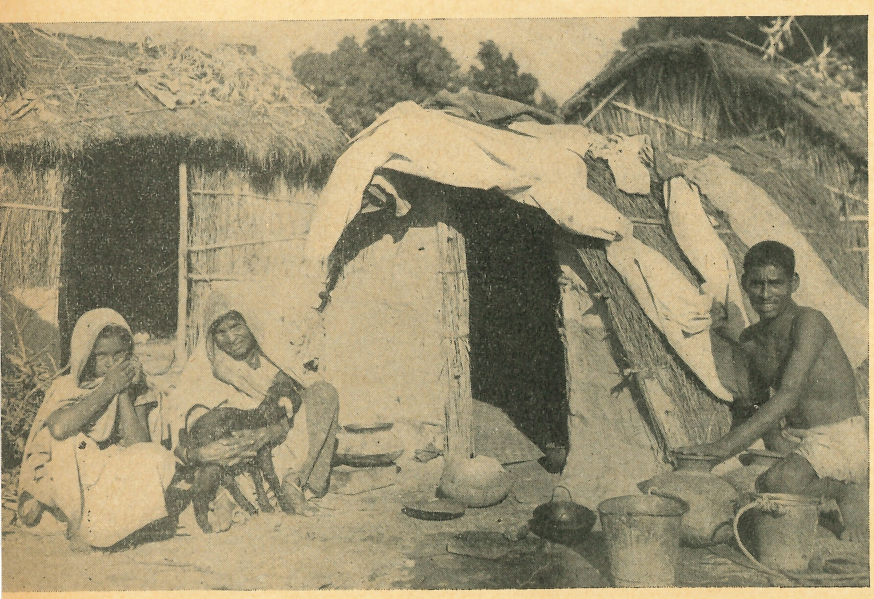
What Kind of Homes Do the People Have in India?

The average better-to-do home in India is built around a courtyard. You wander through three-foot wide alleys, stumble over doorsteps and along dark corridors, and finally blink your eyes at a pretty, little, open space in the middle of the house. This serves as garden and living room during the cooler part of the day. All the rooms open out into it, sometimes with a little verandah. Towards the street the rooms are completely closed and usually have no windows at all, to keep out the heat and to preserve "purdah" or privacy for the womenfolk.

All the life of the household, cooking, eating, cleaning, gossiping, love-making, and quarrelling is carried on in this courtyard and its verandahs. The rooms are used mainly for sleeping and in case of illness. The patient is condemned to the narrowest, most stifling corner of the house, if not to one of the servants' quarters. The only way to attend a patient is sitting on the bed or on your knees beside it, since there is never any room for more than one charpoy, and the ceiling is often dangerously close to the floor. It is guaranteed to ruin a white habit, every time!

Up the scale from the average home are the palaces, lovely beyond description, so cool and clean and spacious, with inlaid mosaic floors, marble columns, a fountain splashing in the green courtyard and flowers all around. These are few and far between, of course. Down the ladder are the hovels of the poor—dark, squalid, one or two room huts of mud and bamboo, empty all day and crowded with bodies at night, if the weather is cool. Otherwise they are empty all the year round—and a good thing this is too!

Then there are any number of people who have no home, who live, eat, sleep and die in the city streets, or travelling from one village to another. They are the army of professional beggars, one of the heredi-



Contrasting with the spacious palaces of the rich are the hovels of the poor, dark, squalid, one or two room huts of mud and bamboo. This man and his family belong to the "untouchables" or outcastes of India.

tary curses of India, the reservoir of leprosy, tuberculosis, and oriental sore, a drag on the working people and a menace in time of riots and political upheaval. But that is another story!

What Do People Sleep on in India?

String beds, mostly. No springbox, beauty-rest mattresses for us, thank you; we prefer a sort of hammock strung on a wooden bed-frame. The **charpoy** is light and comfortable, whereas a thick mattress or feather bolster would be unbearable in the summer heat. Some of us discard even the thin little mattress we have and sleep on a **derri** (cotton mat) spread out on the **charpoy.** These are the common beds of the Indians also. They can be picked up with one hand, carried on a man's shoulder, strapped to a tonga or loaded on top of a bus. "Take up your bed and walk" is simple enough in India.

Many of us sleep outside the whole year round. Our beds look like old-fashioned galleons in full sail, the mosquito nets billowing in the breeze. Monsoon rains or severe dust storms may chase us inside during the night, and then there is quite a scramble. Our mosquito nets are cumbersome; they keep out the air and get frightfully dusty, but they do save us from malaria, so we have to put up with them. The Indians are getting accustomed to them too. Some of the patients even ask for them in the hospital, but others refuse them indignently and wrap themselves in a **chaddar** (veil) until not a breath of air can get near them. Even the babies and children have to sleep choked under the sheet, but they don't seem to mind.

The poor people, particularly in the South, where it is warm the year round, commonly sleep on the floor. They spread out a mat and curl up, apparently in perfect comfort. In fact Indians are noted for their ability to "sleep on a clothesline." Coolies doze on top of their loads; **tonga-wallahs** double up in their carts; laborers snooze by the wayside; shopkeepers stretch out on the little ledge in front of their closed shops, and railway carriages are jammed with crouching brown humanity, sound asleep. On summer nights the empty city streets are lined with sleeping men and children. Only the women are behind closed doors, in courtyards or on the roof, if that is private enough.

This woman came to Holy Family Hospital on her charpoy!

DURING THE MONTH OF JANUARY WE RECOMMEND TO YOUR PRAYERS THE MISSION INTENTION—THE PRESERVATION OF AFRICA FROM MOHAMMEDANISM.

Diversions in Pharmacy Class

by

Sister M. Alma Julia, S.C.M.M., M.T., Ph.G.

Aleyama is my star pupil in pharmacy. She is demure, dark-skinned, well-educated, refined. The more I consider her and her background and culture, the more I feel like a barbarian. Yes, that is the way Aleyama affects me.

Aleyama is one of the South Indian girls who came here from the Malabar Coast to learn nursing and midwifery, and in her case, dispensing. When they have completed their studies they intend to become sisters, native Medical Mission Sisters. Their ancestors were **pukka** Christians hundreds of years ago, when mine were still worshiping oak trees in that part of Europe where "Gaul is divided into three parts." They come from "high caste" Christian families whose daughters go away to English schools and spend their vacations sea-bathing or playing badminton on their own compounds (estates to you).

But Aleyama and her companions left their palm-fringed paradise by the sea to devote themselves to medical mission work, at least to the learning of it, in this barren desert up North, where you roast in summer and freeze in winter, where the food is "different" and the work is hard, especially for girls like themselves who have never had to work before. I have a feeling that they left more than we did, but they never complain of the years away from home, nor of the heat and cold and the inconveniences. I think this group of Sisters-to-be the most devoted, the most courageous, the most uncomplaining people you could ever meet, even in the Lives of the Saints.

They don't even tell you about the southern paradise they left, except what you manage to find out along the way. They never boast, like I do.

For example, the price of eggs came up: How expensive and scarce they were getting lately on account of army demands.

"Do you have difficulty in getting eggs in Malabar?" I asked.

"Well, no. We have our own chickens so we don't have to buy them."

At another time we were having pharmacy class, a lesson on ointments.

"In the tropics," I read in the Pharmacopoeia, "wax may be added to harden the ointments."

"Do you know the source of wax?" I asked Aleyama.

"Bees." Aleyama is inclined to use too few words.

"What else in the Pharmacopoeia comes from the bees?"

"Honey."

I then asked if they knew about the process of separating honey from the wax.

"Oh, yes. We have our own bees at home. We use honey quite a bit."

"And what do you do with the wax?"

"I don't know. I think they send it away to make candles."

Another day we talked about oils, those used internally, as well as in liniments, ointments, etc.

"What oil do you use for cooking?"

"In Malabar we always cook with cocoanut oil."

"Here oils are now so expensive," I went on, "on account of the war. I suppose you notice the difference down south, too."

"Well, we don't have to buy it. We have our own cocoanut trees in our compound. We use all the oil we want from them and the rest we sell."

Then another girl volunteered the information that they used to sell the excess oil for Rs. 18 per barrel, but now they get about 80 rupees a barrel for it.

"In America," I said, "we usually use lard for cooking. Lard, by the way, is here in the Pharmacopoeia as another ointment base. However, we never see it in India, I suppose that is because pigs are so scarce and such poor specimens."

Here I must explain a little about the Indian pigs. The Hindus eat no meat at all and the Mohammedans eat no pork, according to the prescriptions of the Old Testament. Naturally there would be no demand for pigs then. But there are pigs in some sections, especially further south, and when you see the little, rat-like runts they call pigs, which are also scavangers, you can understand the aversion towards eating them. Even a respectable Christian wouldn't eat pork.

"Do you have pigs in Malabar?" I asked Aleyama.

"Yes, we have some."

"Do you eat pork in your homes?"

"Oh, no." She gave me a smiling glance of protest as if to say, "Surely, you are fooling to ask such a question."

"Do any people eat pork down your way?"

"Well, **some** people do. But we wouldn't."

I suppose she meant that some very low caste Christians might—or outcasts.

Now, I felt rather sensitive about this attitude towards pigs. Coming from Ohio, you know, one of the six largest pork raising states of the Union, where the pig is—well, not exactly a noble animal, but a very useful one—I felt that I ought to convey to my class the idea that there are pigs

and **pigs**. I launched forth on a lengthy discourse on the difference between Indian pigs and Ohio pigs.

"And, of course, on our farm back home, the cement floor of the piggery is scrubbed every day. And we are very particular about their diet—only corn, skimmed milk and mash." Then I went on to explain how nice and pink and balloon-like our pigs were, with such marvelous dispositions and contented expressions. I was almost homesick for them as I raved.

"Yes," said Aleyama, "I've seen them."

"You've seen them!" I gasped. "Where?"

"In the museum."

"Do you mean stuffed ones in the museum?"

"No, live ones. We have them in the museum."

Occasionally these girls do get the wrong English word.

"Do you mean in the zoo?" I asked.

"That's it. We have American pigs in the zoo in Malabar."

"Oh! Now, let's see. I guess we had better get on with our lesson. The next ointment base is paraffin."

And Aleyama demurely turned the page as she tried to hide the twinkle in her eyes. You see, she's too polite to laugh at you; she laughs only **with** you.

In Our Library

A DOCTOR CARRIES ON, by Thomas A. Lambie, M.D., Sc.D., F.R.G.S. The Fleming H. Revell Co., New York, 1942. 173 pp., cloth bound, $2.00.

Dr. Lambie has written a book which is a little difficult to evaluate. Obviously, the author is sincere—there is a real desire to make others come to a knowledge of the truth. Yet, one can hear a cynic, after reading this book, ask with Pilate: "What is truth?" A vague ideal is presented—a let us look at the fundamentals and wink at the little differences attitude. But what are the fundamentals?

The author is Field Director of the Sudan Interior Mission. Before the Italo-Ethiopian War, Dr. Lambie was physician and advisor to the Conquering Lion of the Tribe of Judah having given up his American citizenship to become an Ethiopian national. He was driven out of the country when Italy conquered Ethiopia and since that time "carried on," as the title of the books implies, in the Egyptian Sudan, near the border of his adopted country.

Although Dr. Lambie is to be admired for his zeal and for the medical care he has given to the people among whom he works, nevertheless we cannot help remark upon his attitude towards certain practices of Catholicism:

The cynicism of the author's trip to Jerusalem invites an answer. Of the Tomb of Christ he says: "No prayers or chants, incense or holy water, could add anything to it. They could detract, but they could never consecrate." If he could but see that the sacramentals and ceremonies are not meant to add to the sacredness of the place but are used out of respect for sacredness.

The ceremonies of the Catholic Church also receive their share of adverse criticism. How little it is understood that the Liturgy was built around the habits of thought of the people and expressed in their manner. Why else did Christ teach in parables? It is for the western missionary to adapt his method to the manner of the people.

The style of **A Doctor Carries On** is simple and yet graphic. It is written rather informally—more in the manner of a narration for those "back home" of the experiences encountered by the doctor and his wife in the course of their missionary work. Naturally the little personal incidents present some interesting sidelights on the situation in and about the Sudan not obtained in more formal and impersonal writing. Since it is so personal in style the book will have more interest for those who know the missionaries of whom the author speaks and who are already familiar with the localities he mentions.

MARYKNOLL MISSION LETTERS, Field Afar Press, New York, 1943. 55 pp., Paper bound, $.50.

Once more the Maryknoll Fathers have given us a fascinating series of Mission Letters. Hunger and internment in Hongkong, hunger strike in Japan, internment in Korea, homeward journey on the Gripsholm, all these and more are among the experiences described.

These letters, although they come from war-tired areas, are buoyant in their optimism. One cannot escape the fact that the missioners' trust is all in God. That He never deserts those who do not desert Him is implied in practically every account.

Although most of the news comes from China, this little group of Maryknoll Mission Letters also includes notes from the new mission in South America.

One thing more . . . The spirit of forgiveness and compassion dominates these brief notes, more especially because missionaries are for all the world—to bring Christ's **charity** to **all** the world.

Tradition does not mean that the living are dead but that the dead are alive.

—G.K. Chesterton

News from Home and Abroad

SANTA FE

Ever since that "first" from Santa Fe we have been steadily informed of the progress our two pioneers, Sister M. Helen and Sister M. Theophane, have been making in establishing the new mission in Santa Fe. Sister M. Theophane writes: "Last Wednesday I promised to tell you more about the work in Santa Fe. The element of time is so important these days that despite perpetual motion we have not been able to do all the things we wanted to accomplish, not even the note home.

"The Public Health Meetings which have been held here have proved most interesting; practically every phase of the work in New Mexico was discussed and we have met most of the state personnel. Since the meetings a few of the nurses have visited us here at the clinic. Friday morning one of the Red Cross workers came and asked us to teach home nursing class to a group of sixteen or eighteen women twice a week for a two hour period. We agreed, so these classes will be started soon.

"On Wednesday and Saturday of this week we had large groups of men come to the clinic for blood tests and physical examinations. Every spare minute we have been spending in cleaning up and making plans to move in with our baggage and bags. The great act was accomplished at last yesterday afternoon and evening, and we slept here last night. The rooms are very nice, with plenty of space. It is going to be grand when we have everything arranged as we have planned.

"There is a very colorful potted plant over in the building where we stayed temporarily. This afternoon I begged a slip and planted it, to commemorate the landing of the Medical Missionaries in Santa Fe. I'd really like to plant a tree, but that might not be agreeable—so the little slip will have to do all the growing!"

INDIA

PATNA

Sister M. Elise's latest note from Patna might be called: hints for evading the issue. We quote some of them:

"Ordinarily the women here in Patna are less **purdah** (secluded) and so are easier to persuade to come into the hospital. They are very backward however, and the weeks just bristle with 'bad' (inauspicious) days, on which it is forbidden to start any new venture or make any kind of change. It is almost a daily experience to have a patient refuse to be admitted because the day is unfavorable. She may be burning up with fever or writhing in pain, but that does not matter: 'It is a bad day!' Conversely, a patient will often stay in the hospital a bit longer if you suggest that today might be a 'bad day' to leave. The formula works **for** you as well as **against** you!

"The stories some of the women tell in order to persuade you to discharge them from the hospital are really funny at times. Usually they start with: 'There is no one at home to do the cooking.' If that makes no impression, they conjure up a relative who is ill or dying, for all the world like the office boy and the football game. If you refuse to believe in the dying grandmother, they advance another argument: 'I can't pay any more fees than up to today.' When that does not move you to tears of compassion, they look at each other and give up! Only one little village girl, barely sixteen with her first baby just six days old, outwitted us. She declared that she had to go home to milk her goat which had not been cared for in six days! We burst out laughing and lost that battle!"

RAWALPINDI

From Sister Alma Julia we received this story of a conversation overheard in the dispensary:

"If you could only come and pay a visit to our dispensary you would enjoy it, especially if you would sit and watch the women and children come and go. Sister Bernadette is the 'receptionist' and gives the new patients a ticket and a number. Those who can, pay two annas to see the doctor (about five cents in our money), while the poor pay nothing. Some come just to have their medicines refilled or their throats painted, or for injections for anemia or amoebic infection. We average about one hundred patients every day.

"So much of the time is taken up with explaining to the women how to take their medicine, or what they should eat, etc. Sister Bernadette usually does most of the negotiation and explanation. Here is a typical example overheard not long ago:

Patient: 'How do I take these pills?'

Sister Bernadette: 'One pill three times a day.'

Patient: 'Do I cut the pill into three parts?'

Sister: 'No, use three pills. One in the morning, one at noon, and one in the evening.'

Patient: 'Before or after food?'

Sister: 'After eating.'

Patient: 'But I eat only twice a day.' And so on.

"This incident reminds me of a little story in a Hindustani reader. The patient asks the doctor: 'What shall I eat?'

"The doctor answers: 'If you are a rich man eat what you want. If you are poor, eat what you can get!"

DACCA

In case you are shivering away in your 60-degree house just because you can't persuade the rationing board to give you more oil, let us help you solve the problem by transporting you to Dacca in July. It's a substitute for Florida! From the Mitford Hospital there Sister M. Cecilia writes:

"This is the season for pineapples. They are plentiful and delicious during the hot months in Assam and Bengal. True, they can be had practically all the year round, but are expensive out of season.

"At present I am sitting beside the door overlooking the Toomiliah garden; just in front of me is a patch of corn; to the left, spinach and melon, and farther on, lemons dangle from a low tree. Beyond all this is a row of stately palms from which **sucri** nuts are obtained, after the **mali** (gardener) has shinned up about thirty feet of pipe-like trunk. These nuts are the chewing gum of Bengal. They stain the mouth a deep red and are supposed to function as an excellent appetizer.

"Beyond the palms is a rice field, to the right the girls' school, to the left a patch of green lawn; farther left is the novitiate and community house of the native sisters, the Association of Mary, Queen of the Apostles. Beyond their kitchen is a belt of banana trees fronted by a flower garden with cosmos, lilies, dhalias, etc., all in full bloom. Away beyond is the inevitable jungle interspersed with clearings for rice fields and **baris** (houses). The homes here are run on the patriarchal system; as each son marries another **ghawr** (room) is added to the **bari.** Thus as many as five or six of the mud huts may be grouped together, so a newly married pair are never strangers to their neighbors."

From left to right, Sisters M. Jude, M. Bernadette, M. Pauline and Ignatius Marie who made their perpetual profession in the Society last August 15th in India

R. I. P.

Please pray for the repose of the souls of:

Rt. Rev. Msgr. John C. York, Brooklyn, N. Y.
Commander Paul H. Fretz, Mountain View, Cal.
Mr. J. Lynch, Geneva, N. Y.
Corp. Benjamin Tassinari, Marblehead, Mass.
Mr. James E. Kane, Philadelphia, Pa.

May their souls and the souls of all the faithful departed rest in peace. Amen.

The Medical Missionaries Wish You Peace And Happiness in the New Year

NO - WE ARE NOT MAKING ANOTHER NEW YEAR'S RESOLUTION.

OUR OLD ONE IS STILL AS GOOD AS NEW!

Remember?

We resolved in 1943
to make that 200 bed Holy Family Hospital
come true..

We cannot make a new resolution
until our old one is transformed
into bricks and mortar.

FOR THIS - THE WHEREWITHAL - WE DEPEND ON YOU!

WON'T YOU PLEASE

HELP US NOW

TO REALIZE OUR OLD

NEW YEAR'S

RESOLUTION?

Mother Anna Dengel
8400 Pine Road
Fox Chase, Philadelphia, Pa.

Dear Mother Dengel:

Enclosed please find $..... to buy bricks and mortar for your new Holy Family Hospital in Rawalpindi.

Very sincerely,

.....